



## PART B - FEE(S) TRANSMITTAL

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27885 7590 07/29/2004

FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP  
1100 SUPERIOR AVENUE, SEVENTH FLOOR  
CLEVELAND, OH 44114

09/21/2004 FFAHAI3 00000033 09920385

01 FC:2501 665.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Lynda S. Kalemba	(Depositor's name)
<i>Lynda S. Kalemba</i>	(Signature)
09-13-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/920,385	08/01/2001	Bruce F. Monzyk	BAT 2 0001	4393

TITLE OF INVENTION: PHOTOLYTIC ARTIFICIAL LUNG

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>NO</del> Yes	<del>\$1330</del> \$665.00	\$300	\$1630	10/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENTINE, DONALD R	1742	204-252000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fay, Sharpe, Fagan,

2 Minnich &amp; McKee, LLP

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Battelle Memorial Institute  
Pharos, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Columbus, OH  
Waltham, MAPlease check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☒ A check in the amount of the fee(s) is enclosed.  
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## 5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

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